

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00571703         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Main Street Media</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 11 / 2016</div> </div>	
Mailing Address P.O. Box 25093		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">961408.30</div>	
City Alexandria	State VA	Zip Code 22313	<b>Transaction ID : SE1</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 06 / 2016</div> </div>
Purpose of Expenditure TV/Media Placement		Category/ Type	
Name of Federal Candidate Masto, Catherine, Cortez, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">6228085.20</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <b>Main Street Media</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 11 / 2016</div> </div>	
Mailing Address P.O. Box 25093		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">110673.63</div>	
City Alexandria	State VA	Zip Code 22313	<b>Transaction ID : SE2</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 06 / 2016</div> </div>
Purpose of Expenditure TV/Media Placement		Category/ Type	
Name of Federal Candidate Heck, Joe, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">6228085.20</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px;">1072081.93</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

10 / 12 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Main Street Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 11 / 2016</b>
Mailing Address P.O. Box 25093		Amount <b>111414.65</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>
Purpose of Expenditure Radio Placement	Category/Type	Transaction ID : <b>SE3</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 06 / 2016</b>
Name of Federal Candidate <b>Masto, Catherine, Cortez, ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <b>6228085.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Main Street Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 11 / 2016</b>
Mailing Address P.O. Box 25093		Amount <b>321175.00</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>
Purpose of Expenditure TV/Media Placement	Category/Type	Transaction ID : <b>SE4</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 11 / 2016</b>
Name of Federal Candidate <b>Masto, Catherine, Cortez, ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <b>6228085.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>432589.65</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2016**

Signature

NAME OF COMMITTEE (In Full) Senate Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00571703	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <b>Targeted Victory</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 11 / 2016</div> </div>	
Mailing Address 1033 North Fairfax St Suite 400		Amount <div> <div></div> <div>166606.00</div> </div>	
City Alexandria	State VA	Zip Code 22314	<b>Transaction ID : SE5</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 11 / 2016</div> </div>
Purpose of Expenditure Online Advertising		Category/ Type	
Name of Federal Candidate Masto, Catherine, Cortez, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>6228085.20</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016

Full Name of Payee <b>RSM</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 11 / 2016</div> </div>	
Mailing Address 1702 E Highland Ave Suite 408		Amount <div> <div></div> <div>3000.00</div> </div>	
City Phoenix	State AZ	Zip Code 85016	<b>Transaction ID : SE6</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 11 / 2016</div> </div>
Purpose of Expenditure Web Ad		Category/ Type	
Name of Federal Candidate Masto, Catherine, Cortez ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>6228085.20</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	169606.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Wilson Grand</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 11 / 2016</b>
Mailing Address <b>429 N. St. Asaph Street</b>		Amount <b>12321.00</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure TV/Media Production	Category/Type	Transaction ID : <b>SE7</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 11 / 2016</b>
Name of Federal Candidate <b>Masto, Catherine, Cortez, ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <b>6228085.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Wilson Grand</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 11 / 2016</b>
Mailing Address <b>429 N. St. Asaph Street</b>		Amount <b>2990.00</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Expenditure Radio Production	Category/Type	Transaction ID : <b>SE8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 11 / 2016</b>
Name of Federal Candidate <b>Masto, Catherine, Cortez, ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <b>6228085.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>15311.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2016**

Signature

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM / DD / YYYY"/>	

Full Name of Payee <b>Bauhaus</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 11 / 2016</div> </div>	
Mailing Address 1212 E Euclid Ave		Amount <div> <div>29709.21</div> </div>	
City San Antonio	State TX	Zip Code 78212	Transaction ID : SE9
Purpose of Expenditure TV/Media Production	Category/ Type		Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>08 / 18 / 2016</div> </div>
Name of Federal Candidate Heck, Joe, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div>6228085.20</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Wilson Grand</b>		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 11 / 2016</div> </div>	
Mailing Address     429 N. St. Asaph Street		Amount <div> <div></div> <div>350.00</div> </div>	
City Alexandria	State VA	Zip Code 22314	<b>Transaction ID : SE10</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 11 / 2016</div> </div>
Purpose of Expenditure TV/Media Production	Category/ Type <div></div>		
Name of Federal Candidate Heck, Joe, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House     District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate     State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>6228085.20</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	30059.21
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	1719647.79

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Signature